



FAKID - FEE(S) TRANSMITTAL

PAGE 1/1 RCVD AT 6/7/2007 4:53:06 PM [Eastern Daylight Time] SVR:USPTO-ETXRF-5/13 DNS:2732885 CSID:2129872481 DURATION (mm:ss):00:58

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop **ISSUE FEE**  
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1. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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**RALPH CORSINI** (Depositor's name)  
*Ralph Corsini* (Signature)  
**6/7/07** (Date)

7590 06/04/2007  
**RALPH CORSINI**  
5 MACKAY RD.  
BAY SHORE, NY 11706  
06/08/2007 HDEMESS2 00000044 10884613

01 FC:2501 700.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/684,613      | 10/14/2003  | Ralph Corsini        |                     |                  |

TITLE OF INVENTION: INTEGRATED FACEMASK FIREFIGHTING HOOD PACKING SYSTEM

Adjustment date: 06/08/2007 HDEMESS2 4212  
02/15/2006 MBINAS1 00000003 10684613  
01 FC:2501 -700.00 OP

| APPL. TYPE     | SMALL ENTITY | ISSUE FEE DUE  | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$700          | \$0                 | \$700                | \$700            | 09/04/2007 |
| EXAMINER       | ART UNIT     | CLASS-SUBCLASS |                     |                      |                  |            |
| WELCH, GARY L  | 3765         | 002-424000     |                     |                      |                  |            |

2. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 \_\_\_\_\_  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**OUTSTANDING FIREFIGHTING EQUIPMENT INC. BAY SHORE, NEW YORK**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee **PLEASE APPLY PREVIOUSLY PAID ISSUE FEE.**  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Ralph Corsini*

Date **6/7/07**

Typed or printed name

**RALPH CORSINI**

Registration No. \_\_\_\_\_

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